

**TRANSMITTAL FORM**

(for all correspondence after initial filing)

|  |                |                         |
|--|----------------|-------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(for all correspondence after initial filing) | Application #  | 10/693,955              |
|  | Confirmation # | 3799                    |
|  | Filing Date    | October 28, 2003        |
|  | First Inventor | LAURIE                  |
|  | Art Unit       | 1615                    |
|  | Examiner       | Sheikh, Humera N.       |
| Total number of pages in this submission =                                   |                | Docket # P07351US01/BAS |

**ENCLOSURES** (check all that apply)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Fees calculated below<br><input checked="" type="checkbox"/> Request for Reconsideration<br><input type="checkbox"/> including Attachment(s)<br><input type="checkbox"/> <b>After Final</b> Amendment/Reply<br><input type="checkbox"/> including Attachment(s)<br><input checked="" type="checkbox"/> Extension of Time Petition (1 month)<br><input type="checkbox"/> | <input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/><br><input type="checkbox"/> |
|---|---|

**FEES CALCULATION:** For claims if required and/or other fees as shown below:

|  | NOW | Previously Paid For | Present Extra | Rate       | \$         |
|--|-----|---------------------|---------------|------------|------------|
| <input type="checkbox"/> TOTAL CLAIMS  | 9   | - 20                |               | X \$ 50 =  |            |
| <input checked="" type="checkbox"/> INDEPENDENT CLAIMS   | 4   | - 3                 | 1*            | X \$ 210 = | 210        |
| TOTAL OF ABOVE CLAIMS FEES =   |     |                     |               |            | 210        |
| <input checked="" type="checkbox"/> Reduction by 1/2 for <b>small entity status</b> of applicant |     |                     |               |            | -105       |
| SUBTOTAL =   |     |                     |               |            | 105        |
| <input checked="" type="checkbox"/> Fee for extension of time (per attached Petition)            |     |                     |               |            | 60         |
| <input type="checkbox"/> Other fee for   |     |                     |               |            |            |
| <b>TOTAL OF ALL FEES =</b>   |     |                     |               |            | <b>165</b> |

\* For extra claim added in the Amendment filed on June 4, 2007.

☒ Payment by credit card. FORM PTO-2038 in the amount of \$165 is attached.☒ The Director is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 12-0555:

- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or  
 (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: January 10, 2008

  
 Signed By Name: Stephen J. Weyer  
 Attorney of Record Registration No.: 43,259

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